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Good Afternoon Senator Lesser, Representative Wood and members of the Insurance and Real Estate Committee. I would like to express my support for a number of bills on the agenda today and my concerns with one of the bills.

SB 354, AN ACT CONCERNING REIMBURSEMENTS FOR CERTAIN COVERED HEALTH BENEFITS, would create a requirement for site neutral payment for certain services. This would eliminate the site of service differential for those services that currently exists between private physicians' offices and off campus hospital owned practices. SB 811 (PA 15-146) originally had contained a provision to create site neutral payment policies between physician owned practices and hospital owned outpatient practices. The site neutral reimbursement provision was ultimately removed in order to facilitate passage of the bill. The disparity in pricing for the same procedure at different sites of service goes beyond any rational explanation. For example, an infusion of the drug Tysabri is billed at $6700 and reimbursed at $6400 at one independent infusion center while one Connecticut hospital bills at $33,000 and is paid $12,000 while another

Connecticut hospital bills $37,000 and is paid $16,000. This is for the same infusion for the same drug. There are a variety of ways to move toward on site neutral payment policies and I would be pleased to work with you on them.

SB 357, AN ACT CONCERNING COPAY ACCUMULATOR PROGRAMS AND HIGH DEDUCTIBLE HEALTH PLANS, is a technical adjustment to PA 21-14 which will ensure that members of high deductible health plans do not suffer adverse federal income tax consequences.

SB 356, AN ACT REQUIRING THE INSURANCE COMMISSIONER TO CONSIDER AFFORDABILITY AS A FACTOR IN REVIEWING INDIVIDUAL AND GROUP HEALTH INSURANCE POLICY PREMIUM RATE FILINGS, would add "affordability" to the criteria that the Department of Insurance should consider when approving or denying health insurance rates. Clearly, the affordability of the plan for policy holders is of extraordinary importance when analyzing these rates.

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SB 363, AN ACT CONCERNING HEALTH INSURANCE REIMBURSEMENT PARITY FOR PODIATRISTS, would prohibit health insurers s from paying a reduced reimbursement to a licensed health care provider who provides a covered benefit within

the provider's scope of practice solely because the provider is a podiatrist. This is matter of equity which should allow our state to retain highly qualified podiatrists.

I would like to express my concerns regarding HB. 5383, AN ACT CONCERNING ASSOCIATION HEALTH PLANS. Association health plans (AHPs) allow small businesses to band together to buy insurance which would, on its face, seem reasonable. However, there is a history of using this arrangement to avoid complying with coverage requirements that would otherwise apply to the policies. According to the Center on Budget and Policy Priorities, "Many are legitimate arrangements made by associations to offer health benefits to members, but some have defrauded enrollees or ended up insolvent, unable to pay members' claims."[1]

The bill as currently drafted defines these association health plans as "fully insured plans" which may mean that they will be required to comply with Connecticut insurance mandates. I would urge you, if you move this bill forward, to include language that makes it clear the AHPs must comply with all state and federal insurance mandates and requirements.

Thank you for raising these important bills.

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[1] https://www.cbpp.org/research/health/association-health-plan-expansion-likely-to-hurt-consumers-state-insurance-markets